

HNE AREA Intensive Care

Paediatric Drug infusion Guideline

Approved For: JHH ICU only

CONTINUOUS NEBULISED SALBUTAMOL

Trade Name: "VENTOLIN" or "RESPOLIN"

Presentation:

Indications: Severe Asthma. Not on IPPV

Administration; Ten salbutamol nebules (5mg in 2.5mls) made to 50ml with 25mls normal saline

Run syringe driver at 20mls/hr. Make sure that the nebuliser makes vapour all the time, by extra boluses as necessary. The drug should cause a degree of tachycardia, but if heart rate is very high (exceeds 180/min age 1, 130/min for teen) decrease concentration of salbutamol in syringe (do not decrease syringe rate).I

f the CO2 level is above normal change to IV salbutamol

Dose

Precautions The patient must be observed for signs of salbutamol toxicity. Tachycardia, tremor, vomiting, dilated pupils

Compatibilities: May add ipatroprium to nebuliser

Created: 01-Jul-98 by Dr M Rowley Reviewed: 01-Jun-08 by Dr M Rowley Guideline to be reviewed before : 01-Jul-11

These guidelines are intended for and to be used only by experienced critical care staff under direct supervision of Hunter Health Area Intensive Care Specialists in designated Hunter Health Area Critical Care Areas. The Authors will not be responsible for inappropriate use of these guidelines